



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

6 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095

(603) 271-3503 FAX (603) 271-2982



Thomas O'Shea
Sewer Commissioner
New Hampton Village Precinct
P.O. Box 506
New Hampton, NH 03256

LETTER OF COMPLIANCE

January 18, 2002

Subject: National Pollutant Discharge Elimination System (NPDES) Compliance Inspection at the
New Hampton Wastewater Treatment Facility ("Facility"), NPDES Permit N^o. NH0100358

Dear Mr. O'Shea:

The Department of Environmental Services, Water Division Wastewater Engineering Bureau (DES) reviewed the actions taken by the New Hampton Village Precinct ('NHVP') in response to the December 2001 National Pollutant Discharge Elimination System (NPDES) compliance inspection and subsequent NPDES Inspection Worksheet. DES determined that NHVP has resolved the issues noted on the NPDES Inspection Worksheet in a manner consistent with the Water Division regulations and NPDES permit requirements. Therefore, DES hereby issues this Letter of Compliance.

Please be advised that NHVP is required to submit its DMRs on a monthly basis to EPA and the State of NH whether or not the facility is discharging. DES will continue to monitor the Facility's compliance status, and that this letter does not provide relief against any existing or future violations.

If you have any questions regarding this matter, please contact me at (603) 271-3307 or Thomas J. Croteau at (603) 271-2985. Thank you for your cooperation.

Sincerely,

 **COPY**

Sharon L. Ducharme, P.E.
Supervisor, Compliance Section
Wastewater Engineering Bureau

cc: Gretchen Rule, DES Enforcement Coordinator
Joy Hilton, USEPA Compliance Section
John R. Bush, P.E., Administrator, WWEB

[H:Permits/TJC/Reports/Minors/New Hampton/NPDESinsresponse01]

Water Compliance Inspection Report

Form Approved.
OMB No. 2040-0057
Approval expires 10-31-95

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day					Inspection Type		Inspector		Fac Type							
1	N	2	5	3	N	H	0	1	0	0	3	5	8	11	12	0	1	1	2	1	1	17	18	R	19	S	20	1
Remarks																												
<div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>26</div> <div>27</div> <div>28</div> <div>29</div> <div>30</div> <div>31</div> <div>32</div> <div>33</div> <div>34</div> <div>35</div> <div>36</div> <div>37</div> <div>38</div> <div>39</div> <div>40</div> <div>41</div> <div>42</div> <div>43</div> <div>44</div> <div>45</div> <div>46</div> <div>47</div> <div>48</div> <div>49</div> <div>50</div> <div>51</div> <div>52</div> <div>53</div> <div>54</div> <div>55</div> <div>56</div> <div>57</div> <div>58</div> <div>59</div> <div>60</div> <div>61</div> <div>62</div> <div>63</div> <div>64</div> <div>65</div> <div>66</div> </div>																												
Inspection Work Days				Facility Self-Monitoring Evaluation Rating										B1		QA		Reserved										
67	1	0	69	70	1	71	N	72	N	73		74		75				80										

Section B: Facility Data


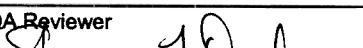
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) New Hampton WWTP Rte 132 West New Hampton NH 03256	Entry Time/Date 2:00 PM 12/11/2001	Permit Effective Date 12/24/1985
	Exit Time/Date 2:30 PM 12/11/2001	Permit Expiration Date 12/24/1990
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Thomas O'Shea Commissioner <div style="text-align: right;">Phone: 744-9761</div> <div style="text-align: right;">Fax:</div>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Thomas O'Shea Phone: 524-0163 (W) Commissioner Fax: 524-7995 (W) <div style="float: right; text-align: right;"> Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> CSO/SSO (Sewer Overflow)
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Self Monitoring Program	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> Multimedia
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Other:

Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists as necessary)

See attached summary

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Thomas J. Croteau 	NHDES/WD/WWEB (603)271-3908/4128	12/11/2001
Signature of Mangement QA Reviewer	Agency/Office/Phone and Fax Numbers	Date
Sharon Ducharme, P.E. 	NHDES/WD/WWEB (603)271-3908/4128	12/11/2001